

Please email completed form to: campfurykc@yahoo.com

Camp Fury 2024 - Registration Form

Dates: June 10-14, 2024

Time: 8am-5pm daily

PLEASE NOTE: This is not a residency program. Campers will need to be dropped off and picked up daily.

The information on this form is gathered to get your girl registered and to assist us in identifying appropriate care for your daughter during her Camp Fury and is intended to be completed by the girl's parent/guardian. Any changes to this form should be provided upon the participant's arrival. Please provide complete information so that instructors and/or healthcare personnel can be aware of your daughter's needs.

PLEASE NOTE: Your registration is not complete, and a spot is not reserved until you complete this form and email it back to campfurykc@yahoo.com

Camp Fury Participant Information

This is information about the girl attending the program/activity.

Girl Name:

- First
- Last

Girl preferred name/nickname

- First
- Last

Date of Birth

- MM
- DD
- YYYY

Age:

T-shirt size for girl participant. (Adult Sizes Only)

- S
- M
- L
- XL
- 2XL

Shoe size for girl participant:

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Participants must be completing 9th, 10th, 11th or 12th grade in spring of 2024. No exceptions will be made.

- 9th
- 10th
- 11th
- 12th

Address

- Street Address
- City
- State / Province / Region
- Postal / Zip Code

Phone Number (Girl)

Primary Parent/Guardian Information

Participant lives with this person?

- Yes
- No

Name

- First
- Last

Relationship:

Mobile Phone Number:

Home Phone Number:

Work Phone Number:

E-mail (that is checked frequently):

Secondary Parent/Guardian 2 Information (if applicable)

Participant lives with this person

- Yes
- No

Name

- First
- Last

Relationship:

Phone Number:

E-mail:

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Emergency Contact Information

Please provide info for contacts other than parents/guardians listed previously

Emergency Contact Name

- First
- Last

Relationship:

Phone Number One

Phone Number Two

The following information is part of our mandatory health history form for Camp Fury.

Check all that apply and explain in detail to checked answers

Check All That Apply

- Physical restrictions
- Fainting
- Asthma or Hayfever
- Constipation
- Diabetes
- Eyesight/Hearing/Speech Impairment
- Recent injury, illness or infectious disease
- Skin Problems (itching, rash, acne, etc.)
- Ear diseases or infections
- ADD/ADHD
- Convulsions/Epilepsy/Seizures
- Headaches/Migraines
- Sinus Infections
- Eating Disorders (Anorexia, Bulimia, etc)
- Kidney/Bladder issues
- Nosebleeds
- Emotional difficulties requiring professional help
- Menstrual cramps
- Sleeping Disturbances/Sleep-Walking
- Had surgery or hospitalized in the last 5 years
- Other

Please explain in detail all checked answers above (Attach a File if necessary):

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Allergies:

Please list all allergies, the type of reaction and its severity, treatment and date of last reaction. Include allergies to medications, food, insects, animals, plants etc.

Allergy

- Reaction/Severity, Treatment, Date of last reaction

Allergy

- Reaction/Severity, Treatment, Date of last reaction

Does the participant suffer from Anaphylaxis

- Yes
- No

Does the participant carry an epi pen?

- Yes
- No

Does participant carry an inhaler?

- Yes
- No

Medical Conditions

(including any precautions or restrictions on activities)

Name of Condition

- Precautions/Restrictions

Name of Condition

- Precautions/Restrictions

Name of family physician

- Phone Number:

Name of family dentist/orthodontist

- Phone Number:

The person herein named has permission to engage in all activities, including trips beyond the primary program location related to the program, except as noted. I have read the program information provided and understand and agree to comply with all procedures.

This health history is correct and complete as far as I know. I hereby permit the agencies of Camp Fury to provide, seek, and consent to routine health care, administration of prescribed medications and emergency treatment for my child, as may be necessary, including, but not limited to xrays, routine tests and treatment, and/or hospitalization. I also permit the agencies of Camp Fury to arrange related transportation. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.

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I intend that the instructors be treated as acting in loco parentis if the person herein named is a minor. Further, I intend that the appropriate representatives of the agencies of Camp Fury be treated as "personal representatives" for the purposes of disclosing protected health information pursuant to the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996. I hereby agree (pursuant to 45 CFR § 164.510 (b)) to the disclosure to camp representatives of the protected health information of the person herein described as necessary: (i) to provide relevant information to the Camp Fury representatives related to the person's ability to participate in activities; and (ii) in the case of minors, to provide relevant information to the Camp Fury representatives to keep me informed of my child's health status. I authorize any hospital, physician, medical practitioner, clinic, or other related facility to furnish to Mutual of Omaha Insurance Company, or anyone acting on its behalf, all information concerning medical, dental and hospital records for my child, to be used for the purpose of evaluating claims for benefits. I have the right to receive a copy of this authorization upon request.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Fury agencies to secure and administer treatment, including hospitalization and/or injection and/or anesthesia and/or surgery for the person named above.

This completed form may be photocopied for trips beyond the primary program location.

By selecting the "I Accept" box, you are signing this Health History Form request electronically. You agree your electronic signature is the equivalent of your manual signature. Your signature (hereafter referred to as "Signature"), implies acceptance and agreement as if actually signed by you in writing.

I Accept

Name

- First
- Last

Date

- MM
- DD
- YYYY

Email Address (Confirmation email of receipt of this health form will be sent to this email).

Signature. (e-signature allowed)

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- My girl is in good physical condition and has not had any serious illness or operation since her last health examination. If my girl should have a serious illness, operation or be exposed to a contagious disease between the date the permission form is signed and the activity, I will notify Camp Fury.
- My girl is in good mental health and will have no difficulty with the public safety scenarios.

Physical Elements

Camp Fury will include the following: physical drills such as pushups, squats, running, lifting 30+ pounds, climbing 4-6 flights of stairs, rappelling and climbing ladders. To the best of my understanding, my girl will not have problems with the physical requirements for Camp Fury.

- My girl should not have any issues with the physical requirements
- My girl may have some issues with some physical requirements

If you stated your girl may have some issues with some physical requirements, please detail anything we should be aware of:

Mental Elements

Camp Fury will include campers being exposed safely to fire, verbal de-escalation techniques, and exposure to police scenarios which may include topics like suicide, domestic abuse and gun violence, tight spaces or other mentally challenging situations. This program is a challenge of choice program, so a girl may always choose not to participate. Are there any situations that you know of, that your girl may find difficult to work through?

- Yes
- No

If you stated yes to the above statement, please detail anything we should be aware of:

We take pride in all of our endeavors, including the use of communication tools that help keep family and friends informed about events and opportunities that take place. We photograph events and some of those photographs may contain images of children, youth, and adults participating. We will be posting and/or printing images of Camp Fury that may contain images of your girl. We also anticipate media, both print and television, to be taking video of Camp Fury that may contain images of your girl.

I understand that my Girl Scout will be photographed and/or videoed as part of this program.

- I accept.
- I have a concern about this and would like a phone call to discuss.

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If your girl has been referred to this program by someone in fire, emergency services or law enforcement please provide the name and agency of that individual:

Race/Ethnicity of Camp Fury participant. Please check one. This question is optional and only used for reporting purposes.

- American Indian or Alaskan Native
- Asian
- Black or African American
- Hawaiian or Pacific Islander
- White
- Hispanic or Latino
- Mutliple
- Other
- I choose not to share at this time

Program Fee \$150

Limited need-based scholarships are available.

Please email campfurykc@yahoo.com to inquire.

Waiver of Liability

The Kansas Fire and Rescue Training Institute (Institute) attempts to conduct training programs in the safest and most efficient manner possible. ***But firefighting and rescue work is hazardous.*** Effective training can also be hazardous. Accordingly, it is not possible to eliminate all potential hazards to participant safety. Before any student participates in any training program that involves the teaching of firefighting and rescue skills, he/she should be familiar with the level of physical stress and other hazards involved. Please read the following explanations of the physical and mental requirements of this course and, when finished, either sign this form to acknowledge that you have read and understood the information, and return it, or give it to the instructor unsigned. Students who are unable or unwilling to comply with these requirements will not be allowed to participate in parts of training involving physical hazards or exertion or use of personal protective equipment.

I acknowledge and understand _____ (initial):

1. Firefighting and rescue training can be physically and mentally stressful activities and require substantial physical exertion. Such training activities may involve exposure to fire, high temperatures and humidity levels, toxic atmospheres, explosive atmospheres, collapsing structures, working at heights and in confined spaces; the possibly of elevated body temperatures, increased pulse, respiration, and blood pressure; and the necessity to react quickly to emergency situations.
2. NFPA compliant personal protective clothing and self-contained breathing apparatus (SCBA) must be worn as directed by the Institute and/or the instructor in charge. Personal protective equipment must be in serviceable condition.
3. Individuals with facial hair, jewelry, or other impediments to the proper seal of the face piece on the self-contained breathing apparatus will not be allowed to participate in training exercises when SCBA are required. Current fit testing into the SCBA worn is required.
4. Students with known heart or lung disease, hypertension, who are pregnant, or with other medical conditions which may affect their safety under these conditions, should check with a physician before participating in the training activity.
5. Use of alcohol or drugs which affect mental or physical reactions immediately before or during training is prohibited.

I agree to and hereby assume full responsibility for any personal damage or injury, including death, and any loss or damage to personal property, that I may sustain as a result of my participation in the training provided by the Institute. _____ **(participant initial)** _____ **(parent initial)**

Accordingly, I hereby release the Institute, the University of Kansas, the State of Kansas, and their agencies, affiliates, officers, instructors, employees, and agents (the "Released Parties") from all liability for any personal injury, including death, and any loss or damage to personal property, that may be sustained or caused during my course of instruction, irrespective of cause or origin, directly or indirectly, including personal injury, death or damage caused by performance or nonperformance of any contractual obligation or from negligence, active or otherwise, of any or all of the Released Parties. This release shall be binding upon the members of my family and my heirs. _____ **(initial)**

Participant Name (PRINT CLEARLY): _____

Parent Name (PRINT CLEARLY): _____

Participant Signature _____

Parent Signature: _____

Date _____